

**Political Organization  
Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

<b>A</b> For the period beginning <b>JANUARY 1</b> , 20 <b>13</b> and ending <b>JUNE 30</b> , 20 <b>13</b>											
<b>B</b> Check applicable boxes <input type="checkbox"/> Initial report <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <input type="checkbox"/> Final report											
<b>1</b> Name of organization <b>INSTITUTE FOR MEDICAL FREEDOM, INC</b>	<b>Employer identification number</b> <b>27-4410360</b>										
<b>2</b> Mailing address (P.O. Box or number, street, and room or suite number) <b>241 NOKOMIS AVE. SOUTH SUITE B</b> City or town, state, and ZIP code <b>VENICE FL. 34285</b>											
<b>3</b> E-mail address of organization <b>WWW.OTHOVENICE.COM</b>	<b>4</b> Date organization was formed <b>01/01/2011</b>										
<b>5a</b> Name of custodian of records <b>JULIO GONZALEZ, CPA</b>	<b>5b</b> Custodian's address <b>525 D EAST VENICE AVE</b> <b>VENICE, FL 34285</b>										
<b>6a</b> Name of contact person <b>JULIO GONZALEZ, M.D.</b>	<b>6b</b> Contact person's address <b>241 NOKOMIS AVE. S STE B</b> <b>VENICE, FL 34285</b>										
<b>7</b> Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code											
<b>8</b> Type of report (check only one box) <table border="0" style="width:100%"><tr><td style="width:50%"><b>a</b> <input type="checkbox"/> First quarterly report (due by April 15)</td><td style="width:50%"><b>f</b> <input type="checkbox"/> Monthly report for the month of: _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31)</td></tr><tr><td><b>b</b> <input checked="" type="checkbox"/> Second quarterly report (due by July 15)</td><td><b>g</b> <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) (1) Type of election: _____ (2) Date of election: _____ (3) For the state of: _____</td></tr><tr><td><b>c</b> <input type="checkbox"/> Third quarterly report (due by October 15)</td><td><b>h</b> <input type="checkbox"/> Post-general election report (due by the 30th day after general election) (1) Date of election: _____ (2) For the state of: _____</td></tr><tr><td><b>d</b> <input type="checkbox"/> Year-end report (due by January 31)</td><td></td></tr><tr><td><b>e</b> <input type="checkbox"/> Mid-year report (Non-election year only-due by July 31)</td><td></td></tr></table>		<b>a</b> <input type="checkbox"/> First quarterly report (due by April 15)	<b>f</b> <input type="checkbox"/> Monthly report for the month of: _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31)	<b>b</b> <input checked="" type="checkbox"/> Second quarterly report (due by July 15)	<b>g</b> <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) (1) Type of election: _____ (2) Date of election: _____ (3) For the state of: _____	<b>c</b> <input type="checkbox"/> Third quarterly report (due by October 15)	<b>h</b> <input type="checkbox"/> Post-general election report (due by the 30th day after general election) (1) Date of election: _____ (2) For the state of: _____	<b>d</b> <input type="checkbox"/> Year-end report (due by January 31)		<b>e</b> <input type="checkbox"/> Mid-year report (Non-election year only-due by July 31)	
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<b>d</b> <input type="checkbox"/> Year-end report (due by January 31)											
<b>e</b> <input type="checkbox"/> Mid-year report (Non-election year only-due by July 31)											
<b>9</b> Total amount of reported contributions (total from all attached Schedules A)	<b>9</b> <b>0</b>										
<b>10</b> Total amount of reported expenditures (total from all attached Schedules B)	<b>10</b> <b>120.</b>										

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

Sign  
Here

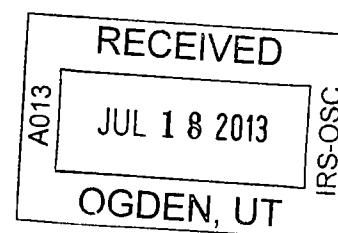
Signature of authorized official

Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form 8872 (11-2002)



SCANNED AUG 0 2013

<b>Schedule A Itemized Contributions</b>		Schedule A page <b>1</b> of <b>2</b>
Name of organization <b>INSTITUTE FOR MEDICAL FREEDOM, INC</b>		Employer identification number <b>27-4410360</b>
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$ <b>0.00</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$ <b>0.00</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$ <b>0.00</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$ <b>0.00</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$ <b>0.00</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$ <b>0.00</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$ <b>0.00</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$ <b>0.00</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$ <b>0.00</b>
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
<b>Subtotal</b> of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 . . . . . ▶		\$ <b>0.00</b>

<b>Schedule B Itemized Expenditures</b>		Schedule B page <b>2</b> of <b>2</b>
Name of organization <b>INSTITUTE FOR MEDICAL FREEDOM, INC</b>		Employer identification number <b>27-4410360</b>
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure <b>\$ 0.00</b>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure <b>\$ 0.00</b>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure <b>\$ 0.00</b>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure <b>\$ 0.00</b>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure <b>\$ 0.00</b>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure <b>\$ 0.00</b>
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Recipient's name, mailing address and ZIP code <b>NORTHERN TRUST BANK 901 VENETIA BAY BOULEVARD # 100 VENICE, FL 34285</b>	Name of recipient's employer	Amount of expenditure <b>\$ 120.00</b>
	Recipient's occupation <b>BANKING SERVICES</b>	Date of expenditure <b>01/01/2013 - 06/30/2013</b>
Purpose of expenditure <b>SERVICE CHARGES</b>		
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		<b>\$ 120.00</b>

